

1.) CORPORATION NAME:

**THE HOME CARE TEAM, INC.**

DUE DATE: **3/31/2011**

SCC ID NO: **02401578**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
LESLIE PEMBROOK  
1902 CAMPUS COMMONS DRIVE  
#650**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

**RESTON, VA 20191**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1902 CAMPUS COMMONS DRIVE  
SUITE 650

CITY/ST/ZIP: RESTON, VA 20191-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LESLIE PEMBROOK  
TITLE: PRES/TREAS  
ADDRESS: 11911 TRIPLE CROWN ROAD  
CITY/ST/ZIP/CO: RESTON, VA 22091-

OFFICER

DIRECTOR

NAME: NICOLAS TZIRIMIS  
TITLE: VP/SEC  
ADDRESS: 11911 TRIPLE CROWN ROAD  
CITY/ST/ZIP/CO: RESTON, VA 22091-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ NICOLAS TZIRIMIS

NICOLAS TZIRIMIS, VP/SEC

10/18/2011

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE  
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.